

**Interim Designation of Agent to Receive Notification
of Claimed Infringement**

Full Legal Name of Service Provider: WELLESLEY COLLEGE

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): _____

Address of Service Provider: 106 CENTRAL ST., WELLESLEY, MA 02481

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** SALLY LINDEN

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):

WELLESLEY COLLEGE LIBRARY, 106 CENTRAL ST.,
WELLESLEY, MA 02481

Telephone Number of Designated Agent: 781-283-3425

Facsimile Number of Designated Agent: 781-283-3690

Email Address of Designated Agent: SLINDEN@WELLESLEY.EDU

Signature of Officer or Representative of the Designating Service Provider:

Date: 2/12/99

Typed or Printed Name and Title: MICHELINE E. JEDREY, VICE
PRESIDENT FOR INFORMATION SERVICES & COLLEGE LIBRARIAN

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee
Made Payable to the Register of Copyrights.**

RECEIVED

**FEB 22 1999
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